File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073



Fax. 919-201-4073	DISCLOSURE SI	UMMARY PAGE 20	00 JUL Z	.4 (n 1·36
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge S (4) County Central Committee (5) Subdivision Candidate (8) Count 11) Local Ballot Issue  CANDIDATE COMMITTEES Candidate Name  Dennis R.	same as on Statement of Organiza  State Ref of committee you are reporting for: tanding for Retention Candidate (2)Si )County Candidate (6)City Candidate y PAC (9)City PAC (10)School Boar  ONLY:  Cooper  epresentative	Pre Sentive  Late PAC (3) State Party (7) School Board or Other Political or Other Political Subdivision PAC  Political Party (if applicable)  Democrat	( Re Cor	DR-2 DISCLOSURE REPORT  Office Use Only nm. # ged in S anned mputer dited
Late reports are subject to possi SIGNATURE OF PERSON FIL	ole civil and criminal penalties. Pursua	2/12 - 303 - 703 TELEPHONE		
☐CHECK IF AMENDMENT T ☐ Check if this is final (termin	port date)  O REPORT DATED  ation) report and attach Notice of D  of file reports until a DR-3 is filed.)		# [/] Local Comm	nittees, enter Date of Election
STATEM	ENT OF CASH ON HAND			
CASH ON HAND at the beginn committee. This amo of the last reporting p	ENT OF CASH ON HAND ning of the reporting period. (Total ount MUST be the same as the cas eriod or must be zero if this is first of TAKEN IN THIS PERIOD	h on hand at the end	\$	939. 59
Schedule A: Cash C Schedule F: Loans F	ontributions total (Attach Schedule Received total (Attach Schedule F) ales of Campaign Property (Attach			500,00
SUBTRACT TOTAL Schedule B: Expend	Applies to Candidates' Commit  MONEY SPENT THIS PERIOD  itures total (Attach Schedule B) (**: epayments total (Attach Schedule F)	SUB-TOTAL	·············	
	this reporting period (if final report			41.85
*IN KIND CONTRIBUTIONS ( **OUTSTANDING LOANS (FI CONSULTANT BREAKDOWN CANDIDATE COMMITTEES ( VALUE OF CAMPAIGN PRO	ONLY: PERTY (From Schedule H - Attach	e E)F)Schedule H)	\$ \$ —	75 9, 30 -0 - 1000, 00 YES NO -0 -
STATE COMMITTEES: Subn	nit a reconciled campaign account t	pank statement in January of ea	cn year.	

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME	(Must be sai	ne as on Statement	t of Organization)
Cooper	for	State	Representative

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/20/08	ID# CK#	falen Peters P.O. Box 111 Bellerd fa 5-0833	None	\$50,00	
5/25/08	ID# CK#	Deb. Warkernagle 2376 Virginia and Bella 19 50833	None	900,00	
7/10/08	ID# CK#	Harlan & Dee Davenport 2312 Raintree Path Round Rock 3x78664	None	\$50,00	
6/30/06	ID# CK#	ann Cooper 1833 Jennyesee ave	None mother	100,00	
7/13/08	ID# CK#	Jayla Cot Democrate Woman 2056 Forest ave New Market Da 57646	None	200,00	
	ID# CK#				
<del></del>	<u> </u>		SUB-TOTAL	500 00	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of of (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
Псне	CK THIS BOX IF

**AMENDING FORM** 

COMMITTEE NAME (Must be same as on Statement of Organization)

COOP	er for.	state Represent	lative	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/20/08	ID# 1785 CK# 1007 ID# 1785	Processing Centr Des. Moine de 150363-	Yard signs Pencils	<b>\$</b> 855. 44
7/ 15/08	CK# 1006	Joes Signs 1125, Main Senov Ja 50851	booth signs	32.27
113/08	CK# 1005	wal Mart maryville mo	ink & cord stock	135.75
6/27/08	СК# <sub>1004</sub>	Karen Schafer RR Maloy La 50852	Parade candy	145. 61
1.	1785 CK# 1003	My Sister Place 189 N Main Jenoy So 50857	T Shirts	187.25
	1-00	Wal Mart maryville Mo.	ink, paper, & card stock	69. 07
4/23/68	CK# 1002 ID# 1785 CK#	Harland Checks	blank checks	12, 35
	ID# CK#			

SUB-TOTAL

\$1437°

TOTAL (if last page of this schedule)

\$1437. 74

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 °	ıf	

Coop.	AME (Must be same as on Statement of Organization)  OF FOR STATE REPRESE.  Dereviously reported that remain unpaid must be included on this life, as well as any new obligations incurred in this period.	ntative		ECK THIS BOX
	LIGATIONS REMAINING THIS REPORTING PERIOR CLUDE LOANS — SHOW LOANS ON SCHEDULE F		goods or ser received, bu end of the re	debt" is a debt for rvices ordered or t not paid for by the eporting period., of whether an invoice ceived.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED O PURCHASED		ALANCE OWED AT CLOSE OF REPORTING PERIOD*
3/17/08	Dennis R. Coopen 2018 250 th St. Bedford In 50833	Advertising	) -	315-, 02
5/21/08 thur. 7/19/08	Dennis R Cooper 2018 250 mst Bedford In 50833	travel	cls (	444,48
			=	
			TOTAL \$	759.50 759.50
	TOTAL DEBTS OWED BY COMMITTEE AT T	HE END OF THIS REPORTING F	PERIOD \$	759,50

SCHEDULE

(for Schedule D)

CANDIDATE COMMITTEES NOTE:

\*If actual figure is unknown, show "estimated" beside the figure.

FOR INSTRUCTIONS, SEE BACK OF FORM

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, politing, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

	EBACK OF FORM		SCHEDULE F	
	be same as on Statement of Organization)		(Rev. 02/08)	LOANS RECEIVE
cooper f	or State Representa	tive	ļ	& REPAID
E: This schedule repo	rts money loaned to the committee which is deposited in ROM LAST REPORTING PERIOD \$ $\frac{4}{1000}$ .	n the committee account.	, — ·	THIS BOX NG FORM
RTI- MONETARY LO	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party i		lidate's personal i	funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT (	OF LOAN
			\$	
		1		1
	OAN REPAYMENTS MADE THIS REPORTING PERIOR DURING PERIOR DU		\$	
(Loans forgiver	n must be reported on Schedule E In-kind Contribution  NAME AND ADDRESS OF LENDER	OD ps.) RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution	OD ns.)	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution  NAME AND ADDRESS OF LENDER	OD ps.) RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution  NAME AND ADDRESS OF LENDER	OD ps.) RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution  NAME AND ADDRESS OF LENDER	OD ps.) RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution  NAME AND ADDRESS OF LENDER	OD ps.) RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution  NAME AND ADDRESS OF LENDER	OD ps.) RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	OD ps.) RELATIONSHIP TO	AMOUNT	

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Page\_\_\_\_\_ of \_\_\_\_\_ (for Schedule F)